Application or Docket Number													1
	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												
09915226													
CLAIMS AS FILED - PART I (Column 1) (Column 2) TOTAL CLAIMS								SMALL E	NTITY	OR		R THAN ENTITY	
L			16					RATE	FEE	7	RATE	FEE	1
FC			NUMBER FILED NUM			BER EXTRA		BASIC FE	355.00	OR	BASIC FEE	710.00	1
		ABLE CLAIMS	/6-minus 20=			?	X\$ 9=			OR	X\$18=		
	DEPENDENT C		2 _ minus 3 =					X40=		OR	X80=		1
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT C					+135=	 	1		 	ł
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	<u> </u>		1
CLAIMS AS AMENDED - PART II									<u> </u>	JOR		7100	7
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD- TIONAL FEE	
AMENDMENT	Total	1.16	Minus	-20		= /		X\$ 9=		OR	X\$18=	1	
A	Independent	NTATION OF M	Minus	1 3	COL ALL	<u> </u>		X40=		OR	X80=	/	
_	TINOT PRESE	:	OLTIPLE DE	PENUEN	CLAIN			+135=		OR	+270=	/	
1 dolor								TOTAL	 -	OR	TOTAL		
2	128/03	(Column 1)		(Colu	nn 2)	(Column 3)	A	ODIT. FEE		Jon	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEEI	
	Total	. 15	Minus	-24)	= /	Γ	X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	PENDENT	<u> </u>	-	Γ	X40=		OR	X80=	/	
			2111 66 061	LIDEIT	CEAIM		Γ	+135=		OR	+270=		
								TOTAL DDIT. FEE			TOTAL	/	
		(Column 1)		(Colun	nn 2)	(Column 3)	~1	0011. FEE 1			ADDIT. FEE	/	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	Γ	X\$ 9=		OR	X\$18=	7	
AME!	Independent	•	Minus	•••		=	1	X40=			X80=		
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	+270=		
										OR A	TOTAL DDIT. FEE		
	The Highest Num	ber Previously Pak	For (Total o	rindepende	nt) is the	highest number t	tound	d in the app	ropriate box				•
								_ •				I	

FORM PTO-875 (Rev. 8/00)

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